

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone: 812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of <u>410 IAC 7-24</u>, <u>Indiana Retail Food Establishment Sanitation Requirements</u>. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Jan - C (F.1 Shoc & 81) Establishment Address (ammber and street, city, state, sip code) 815 Aliphmhar PT Flight Karbs, IN 47119 Owner Address Covered Krone Linibi Perhantip Owner's Address Personality Person Email Personality Person Email Registrate Registrate Registrate Registrate Preroperational S. Complaint Archic Kelly Responsible Person Email S. Temporary 6. HACCP Brim Sease C2/21/24) -Certified Food Manager Brim Sease -Cartified Food Manager Brim Manager -Cartified Food Manager Brim Sease -Cartified Food Manager -Cartified Food Manager Brim Sease -Cartified Food Manager -Ca	The time lir	nit for cor	rectio	n of each violation is specified in the narrative portion of th	is report.			*	
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P.O. Bex 305/03 Mashville, Til 37230 Person in Charge 4. Pre-Operational 4. Pre-Operational 5. Temporary 6. HACCP 6. HACCP 7. Other (list) 1. 2. 3. 4 X 5 Certified Food Manager Brian Sease (2/21/24) **CERTICAL ITEMAS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" **VIOLATIONS OF REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" **Section# Cinc R **Narrative **Observed gnasts at baking and deli flies in break from **Described By **Observed mobile Fry earl to have revised fail pass flools fets. **Described Manager **Described floors **Resident floors **Pre-Operational **Other Uses **Other Uses **Other (list) 1. 2. 3. 4 X 5. **Morn Type (See back of page) **Industry **Country (See back of page) **To Other (list) 1. 2. 3. 4 X 5. **Morn Type (See back of page) **To Other (list) 1. 2. 3. 4 X 5. **Morn Type (See back of page) **Morn Type (See ba	Owner's Ac	ddress	wp	we'y	1	· · · · · · · · · · · · · · · · · · ·			
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